

## Vendor Supply Request Form

Date: \_\_\_\_\_

Store Name: \_\_\_\_\_ WIC Vendor ID#: \_\_\_\_\_

Store Address: \_\_\_\_\_

Store Phone #: \_\_\_\_\_

Ships Attention to: \_\_\_\_\_

Quantity	Item	
	Authorized Foods List English	
	Authorized Foods List Spanish	
	Cashier Training Handbook	
	Cashier Training DVD: <i>The WIC Transaction</i>	
	Shelf Tags – sheets of 30	
	Sign 4" x 4" 1-sided decal	
	Window Signs 8" x 8" 2-sided window cling	
	Vendor Manual	

Return completed form by mail or fax:

**Mail:** Maryland WIC Program  
201 W. Preston Street, 1st Floor  
Baltimore, MD 21201

**Fax:** 410-333-5683